

Cigarette Smoking

Definition: Percentage of adults aged 18 years and older who have smoked at least 100 cigarettes in their life time and who now report smoking cigarettes every day or some days.

Healthy People 2010 Objective 27-1a: Cigarette smoking - Adults (age-adjusted, ages 18 years and older)

- U.S. Target for 2010: 12%
- State-specific Target: 11%

Why Is It Important?

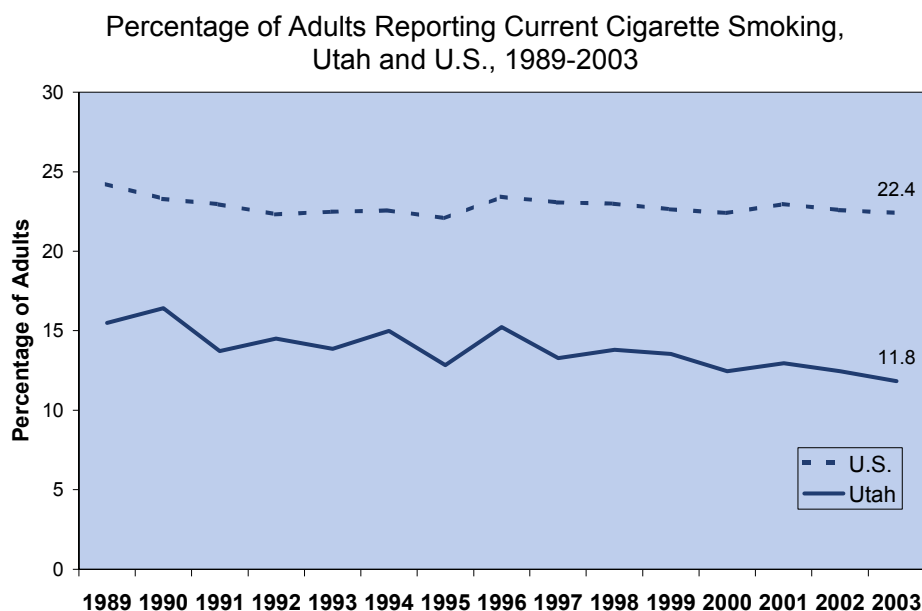
More than 440,000 deaths each year are attributed to cigarette smoking, making it the leading preventable cause of death in the United States. Smoking increases the risk for chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, and bladder. In addition, smoking contributes to cancer of the cervix, pancreas, and kidneys. Secondhand smoke has been shown to increase the risk for heart disease and lung cancer among nonsmokers. Quitting smoking has major and immediate health benefits for people of all ages.

Risk Factors for Smoking

Nationally and in Utah the least advantaged population groups (people with lower income and education) are at higher risk for smoking. Overall, approximately 80 percent of adult smokers start smoking before the age of 18. Early initiation of tobacco use has been shown to increase the likelihood of lifetime smoking and the risk for tobacco-related illnesses and mortality.⁵ Youth who smoke are more likely to have friends and family members who smoke, more likely to believe that smoking makes young people look cool or fit in, and are less likely to believe that tobacco use is harmful and addictive.⁵

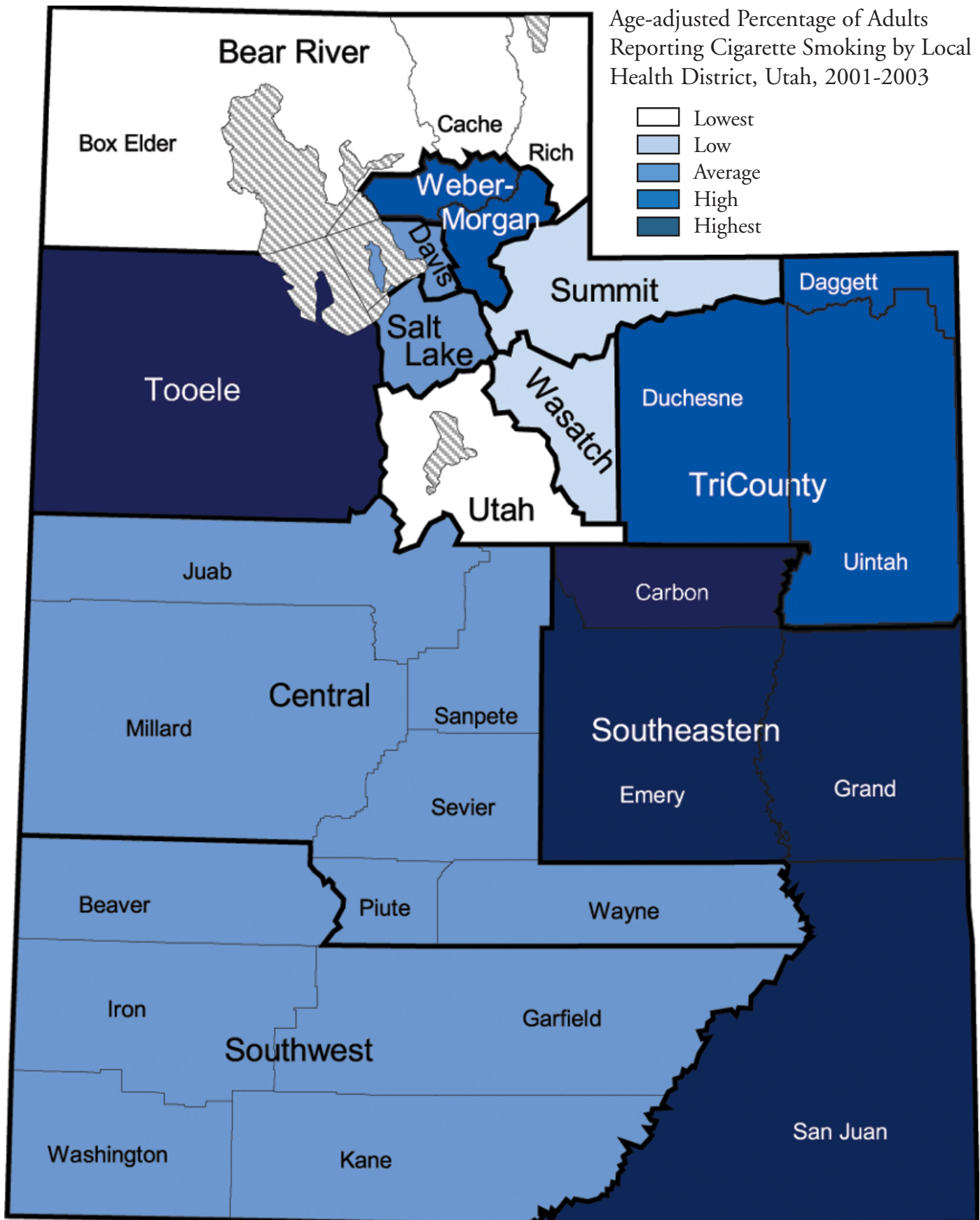
Cigarette Smoking Ranking, 2001-2003	Percent*
Utah	6.0%
Bear River	7.0%
Wasatch	8.5%
Summit	8.6%
Davis	10.1%
Central	14.1%
Salt Lake	14.4%
Southwest	14.5%
Weber-Morgan	15.6%
TriCounty	18.1%
Tooele	18.8%
Southeastern	19.2%

* Age adjusted percentages.



Sources: Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)
Note: Age adjusted to U.S. 2000 population.

Cigarette Smoking



Source: Utah Behavioral Risk Factor Surveillance System

Cigarette Smoking by Local Health District Utah Adults Ages 18 and Over, 2001-2003

Rank	Area of Residence	Average Adult Population (Ages 18+)	Percentage of Adults Ages 18+ Reporting Current Smoking			
			Average Annual Number of Adults	Crude Rates	Age Adjusted Rates*	
					95% Confidence Interval	
					Lower	Upper
	State Total	1,588,190	200,465	12.6%	12.4%	(11.7% - 13.2%)
2	Bear River	95,435	6,394	6.7%	7.0%	(5.0% - 9.0%)
6	Central	45,566	6,404	14.1%	14.1%	(11.3% - 16.9%)
5	Davis	164,964	17,681	10.7%	10.1%	(7.8% - 12.4%)
7	Salt Lake	646,050	97,028	15.0%	14.4%	(13.0% - 15.8%)
12	Southeastern	36,642	6,969	19.0%	19.2%	(16.2% - 22.3%)
8	Southwest	104,390	14,133	13.5%	14.5%	(11.7% - 17.3%)
4	Summit	22,982	2,060	9.0%	8.6%	(6.0% - 11.2%)
11	Tooele	30,286	5,791	19.1%	18.8%	(15.3% - 22.2%)
10	TriCounty	27,944	5,153	18.4%	18.1%	(15.2% - 21.0%)
1	Utah	258,294	15,729	6.1%	6.0%	(4.4% - 7.6%)
3	Wasatch	11,201	978	8.7%	8.5%	(6.3% - 10.6%)
9	Weber-Morgan	144,437	22,290	15.4%	15.6%	(12.8% - 18.4%)

* Percentages have been age adjusted to the U.S. 2000 standard population.

Source: Utah Behavioral Risk Factor Surveillance System

Definition: Percentage of persons aged 18 years and older who have a body mass index (BMI) greater than or equal to 25. BMI is calculated from self-reported weight and height by dividing weight in kilograms by the square of height in meters.

Similar to Healthy People 2010 Objective 19-1: Increase the proportion of adults who are at a healthy weight.

Why Is It Important?

Being overweight increases the risk of many chronic diseases, including heart disease, stroke, hypertension, type 2 diabetes, osteoarthritis, and some cancers. Obesity is the second leading cause of preventable death in the U.S.⁶ Utahns have been gaining weight so rapidly that in 2002 over half of all adults were overweight or obese. The obesity epidemic among Utahns threatens to reverse the decades-long progress made in reducing death from chronic disease.

Risk Factors for Overweight or Obese

Genetic or familial factors may increase the risk for being overweight or obese for some people, but anyone whose calorie intake exceeds the number of calories they burn is at risk. Physical activity and a healthy diet are both important for maintaining a healthy weight.

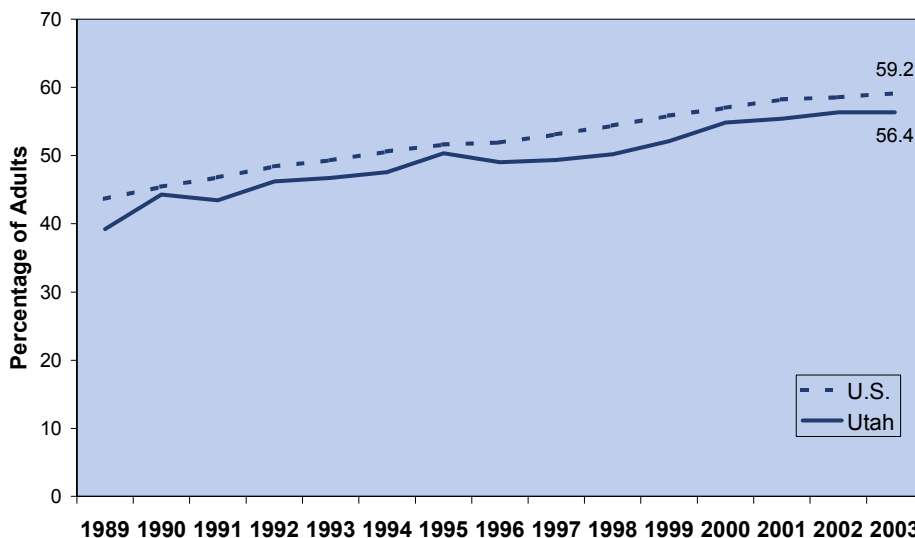
Obese children are likely to become obese adults. According to the National Heart, Lung, and Blood Institute's *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults*, a combined intervention of behavior therapy, a low calorie diet, and physical activity provides the most successful therapy for weight loss and weight maintenance. The initial goal of weight therapy should be to

reduce body weight by approximately 10% from baseline. A reasonable time line for a 10% reduction is 6 months.

Overweight or Obese Ranking, 2001-2003	Percent*
Summit	41.4%
Davis	54.2%
Southwest	55.0%
Weber-Morgan	55.6%
Utah	55.9%
Wasatch	56.0%
Salt Lake	56.5%
Southeastern	57.3%
Bear River	57.4%
Central	61.0%
Tooele	62.5%
TriCounty	63.2%

* Age adjusted rates.

Percentage of Adults Who Were Overweight or Obese, Utah and U.S., 1989-2003

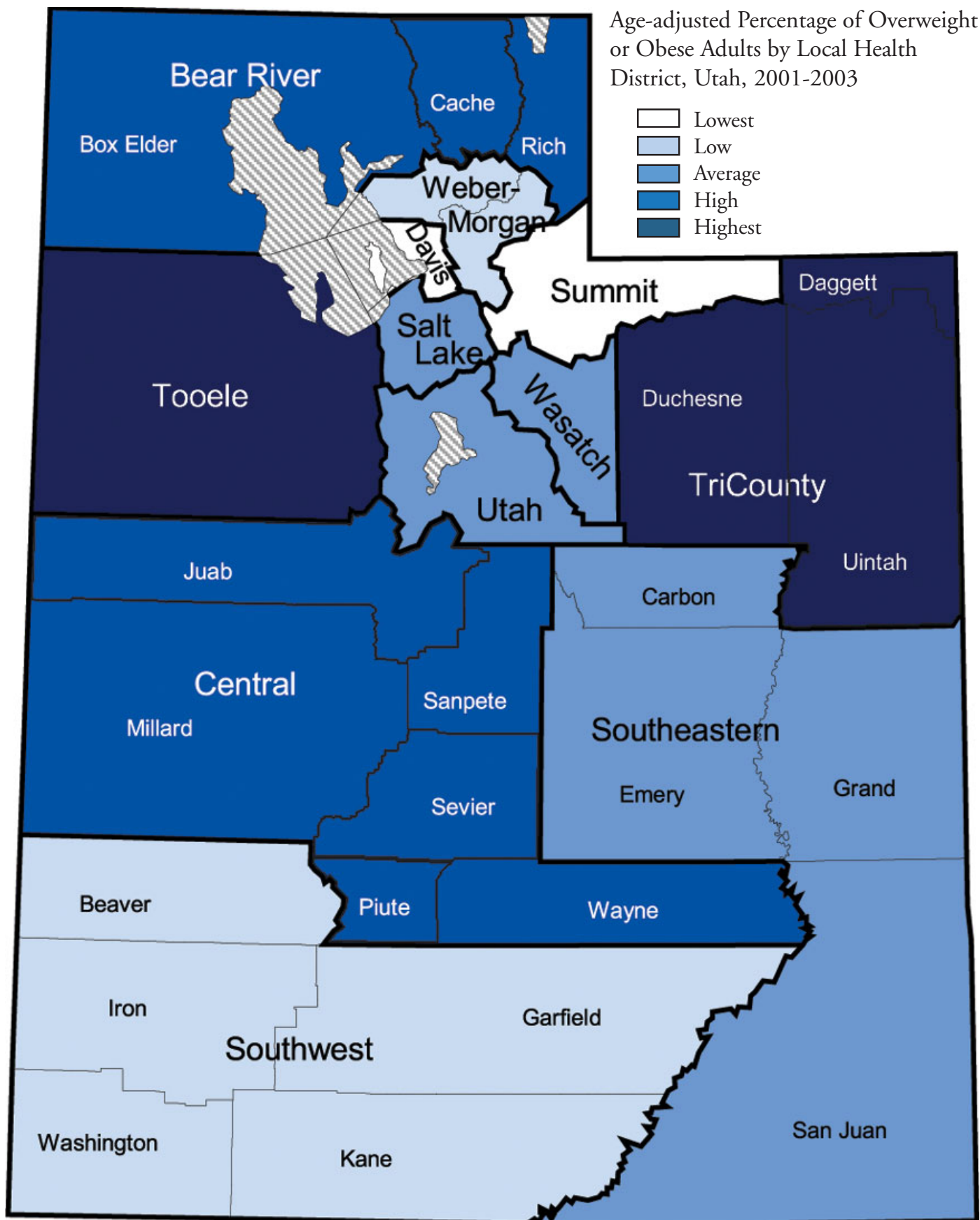


Sources: Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)

Note: Overweight or obese is defined as a Body Mass Index (Body Mass Index) of 25 or more. BMI is calculated by dividing weight in kilograms by the square of height in meters.

Age adjusted to U.S. 2000 standard population.

Overweight or Obese



Source: Utah Behavioral Risk Factor Surveillance System

Overweight or Obese by Local Health District Utah Adults Ages 18 and Over, 2001-2003

Rank	Area of Residence	Average Adult Population (Ages 18+)	Percentage of Adults Ages 18+ Who Were Overweight or Obese			
			Average Annual Number of Adults		Age Adjusted Rates*	
			Crude Rates		95% Confidence Interval	
					Lower	Upper
	State Total	1,588,190	863,490	54.4%	56.0%	(54.8% - 57.2%)
9	Bear River	95,435	50,215	52.6%	57.4%	(53.7% - 61.1%)
10	Central	45,566	27,553	60.5%	61.0%	(57.2% - 64.8%)
2	Davis	164,964	87,000	52.7%	54.2%	(50.1% - 58.3%)
7	Salt Lake	646,050	359,586	55.7%	56.5%	(54.5% - 58.5%)
8	Southeastern	36,642	21,036	57.4%	57.3%	(53.3% - 61.3%)
3	Southwest	104,390	57,416	55.0%	55.0%	(51.0% - 59.0%)
1	Summit	22,982	9,433	41.0%	41.4%	(37.0% - 45.9%)
11	Tooele	30,286	18,937	62.5%	62.5%	(58.5% - 66.5%)
12	TriCounty	27,944	17,673	63.2%	63.2%	(59.3% - 67.1%)
5	Utah	258,294	128,709	49.8%	55.9%	(52.5% - 59.2%)
6	Wasatch	11,201	6,303	56.3%	56.0%	(51.1% - 60.8%)
4	Weber-Morgan	144,437	79,685	55.2%	55.6%	(51.7% - 59.5%)

* Percentages have been age adjusted to the U.S. 2000 standard population.

Source: Utah Behavioral Risk Factor Surveillance System

Regular Physical Activity

Definition: Percentage of adults aged 18 and older who reported participating in moderate physical activity for at least 30 minutes per day and five days a week OR vigorous physical activity for at least 20 minutes per day and three days a week.

Similar to Healthy People 2010 Objective 22-2: Moderate regular physical activity (age-adjusted, ages 18 years and older)

- U.S. Target for 2010: 50%
- State-specific Target: 65%

Why Is It Important?

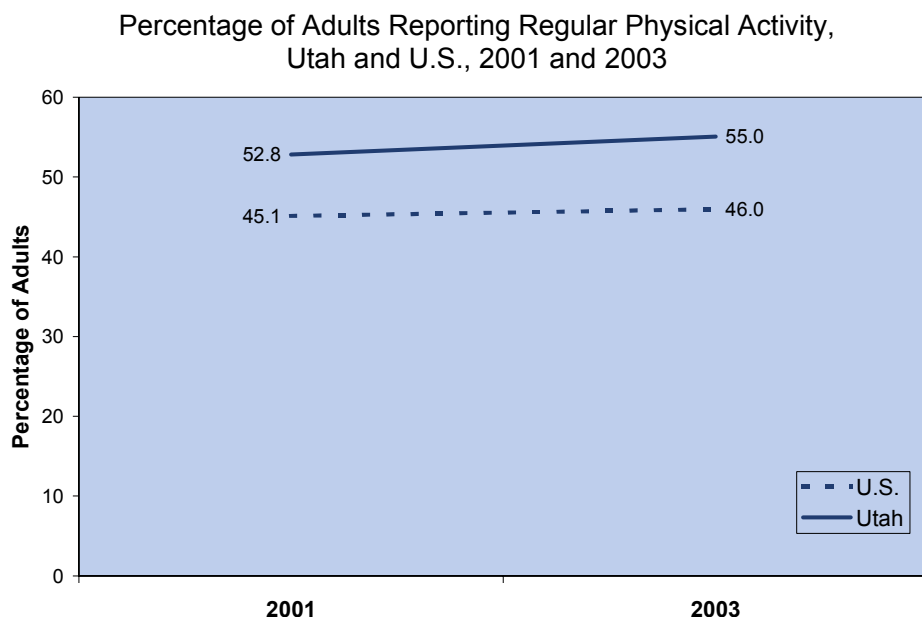
Physical activity is recognized as an independent protective factor against cardiovascular disease. Physical activity has been shown to reduce the risk of some cancers, diabetes, stroke, and heart disease, and improve general physical and mental health. Weight-bearing activity improves bone density, reducing the risk of hip fracture. Regular activity helps to relieve pain from osteoarthritis. It would be difficult to overestimate the health-promoting influence of regular physical activity.

Risk Factors for No Regular Physical Activity

The percentage of persons who reported insufficient regular physical activity was higher among women, older adults, people who were overweight or obese, and those with less formal education and less income.

Regular Physical Activity Ranking, 2001 and 2003	Percent*
Summit	65.1%
Southwest	58.4%
Central	56.5%
Davis	56.1%
Weber-Morgan	55.3%
Wasatch	54.2%
Utah	53.7%
Southeastern	53.1%
Bear River	52.6%
Salt Lake	52.5%
TriCounty	52.2%
Tooele	49.7%

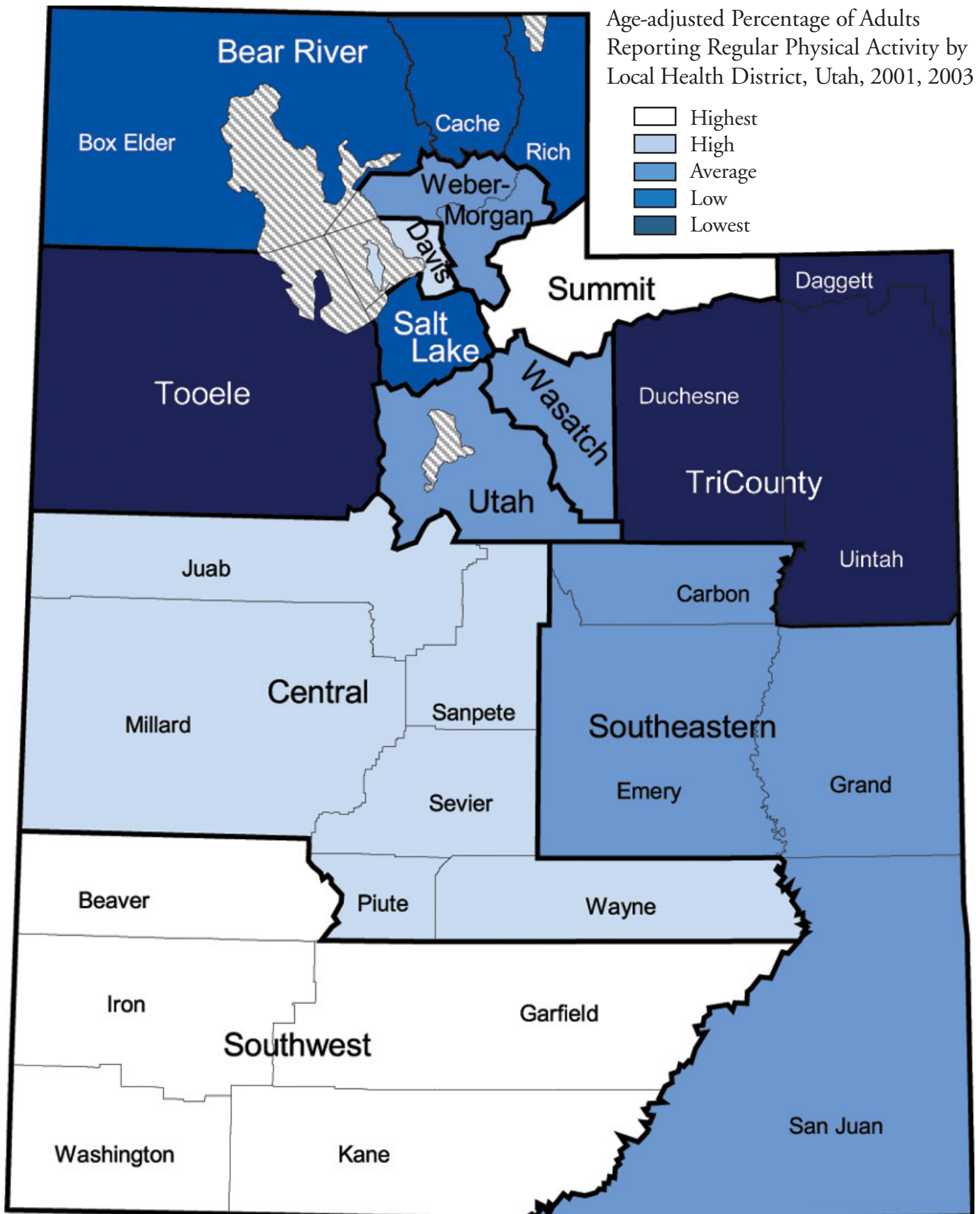
* Age adjusted percentages.



Sources: Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)

Note: Through the year 2000, this indicator focused on leisure time activities, but did not capture information on occupational activities and activity incorporated into daily life. Beginning in 2001, the BRFSS questions were restructured and in addition to leisure time activity, they now reflect work-related and daily life physical activity. Due to changes in the questions, the rates of regular and vigorous physical activity are substantially higher beginning in 2001. Data collected before 2001 are not comparable to data collected in 2001 and beyond. Age adjusted to U.S. 2000 population.

Regular Physical Activity



Source: Utah Behavioral Risk Factor Surveillance System

Regular Physical Activity

Regular Physical Activity by Local Health District Utah Adults Ages 18 and Over, 2001 and 2003

Rank	Area of Residence	Average Adult Population (Ages 18+)	Percentage of Adults Ages 18+ Who Reported Regular Physical Activity [‡]			
			Average Annual Number of Adults		Age Adjusted Rates*	
			Crude Rates		95% Confidence Interval	
					Lower	Upper
	State Total	1,588,727	876,045	55.1%	53.9%	(52.5% - 55.4%)
9	Bear River	95,409	52,835	55.4%	52.6%	(47.7% - 57.5%)
3	Central	45,535	26,005	57.1%	56.5%	(51.6% - 61.4%)
4	Davis	164,575	95,386	58.0%	56.1%	(51.1% - 61.1%)
10	Salt Lake	646,289	343,115	53.1%	52.5%	(50.0% - 54.9%)
8	Southeastern	36,594	19,479	53.2%	53.1%	(48.3% - 57.9%)
2	Southwest	104,441	60,335	57.8%	58.4%	(53.6% - 63.2%)
1	Summit	23,001	15,265	66.4%	65.1%	(59.9% - 70.4%)
12	Tooele	30,275	15,501	51.2%	49.7%	(44.3% - 55.1%)
11	TriCounty	27,905	14,794	53.0%	52.2%	(47.0% - 57.5%)
7	Utah	258,703	144,695	55.9%	53.7%	(49.3% - 58.0%)
6	Wasatch	11,186	6,108	54.6%	54.2%	(48.5% - 59.9%)
5	Weber-Morgan	144,818	82,453	56.9%	55.3%	(50.5% - 60.1%)

‡ Regular physical activity was defined as the percentage of adults aged 18 and over who reported participating in moderate physical activity for at least 30 minutes/day and 5 days/week OR vigorous physical activity for at least 20 minutes/day and 3 days/week.

Source: Utah Behavioral Risk Factor Surveillance System

Definition: Percentage of adults aged 18 years and older who reported binge drinking in the past 30 days. Binge drinking is defined as consuming five or more drinks of alcohol on an occasion one or more times during the past 30 days.

Healthy People 2010 Objective 26-11c: Binge drinking - Adults (ages 18 years and older)

- U.S. Target for 2010: 6.0%
- State-specific Target: none listed

Why Is It Important?

Binge drinking is an indicator of potentially serious alcohol abuse, and is related to driving under the influence of alcohol. It is a problem both locally and nationally, especially among males and young adults. Alcohol abuse is strongly associated with injuries and violence, chronic liver disease, fetal alcohol syndrome, and risk of other acute and chronic health conditions. Binge drinking among women of childbearing age is a problem because of the risk for prenatal alcohol exposure. Birth defects associated with prenatal alcohol exposure can occur during the first 6 to 8 weeks of pregnancy, before a woman typically knows she is pregnant.

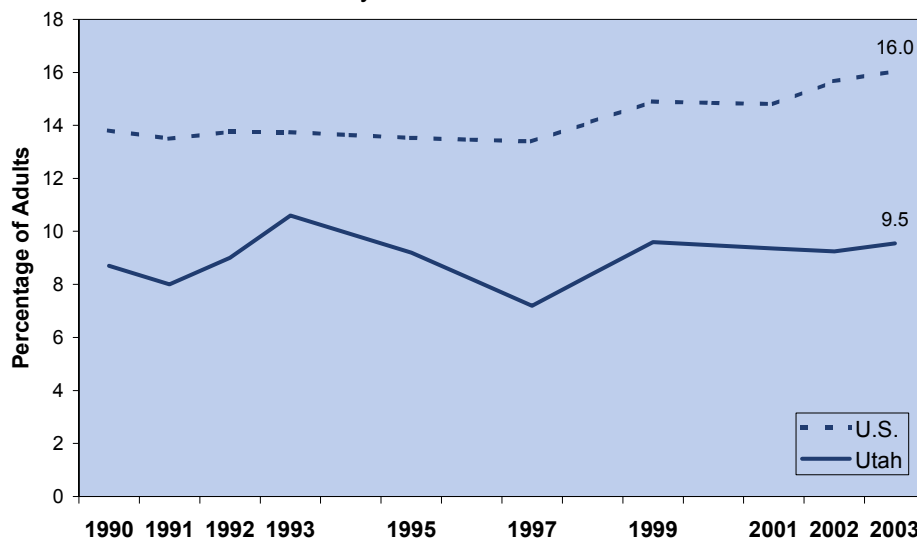
Binge Drinking Ranking, 2001-2003	Percent*
Utah	4.6%
Davis	6.5%
Bear River	6.7%
Wasatch	8.7%
Weber-Morgan	9.0%
Central	9.1%
Southwest	10.2%
TriCounty	11.0%
Southeastern	11.9%
Salt Lake	11.9%
Tooele	13.6%
Summit	18.3%

* Age adjusted percentages.

Risk Factors for Binge Drinking

Utah males are more likely to report binge drinking by a ratio of about 3:1 compared with females. Binge drinking declines with age. Persons with incomes under \$20,000 or no education after high school are more likely to engage in this behavior.

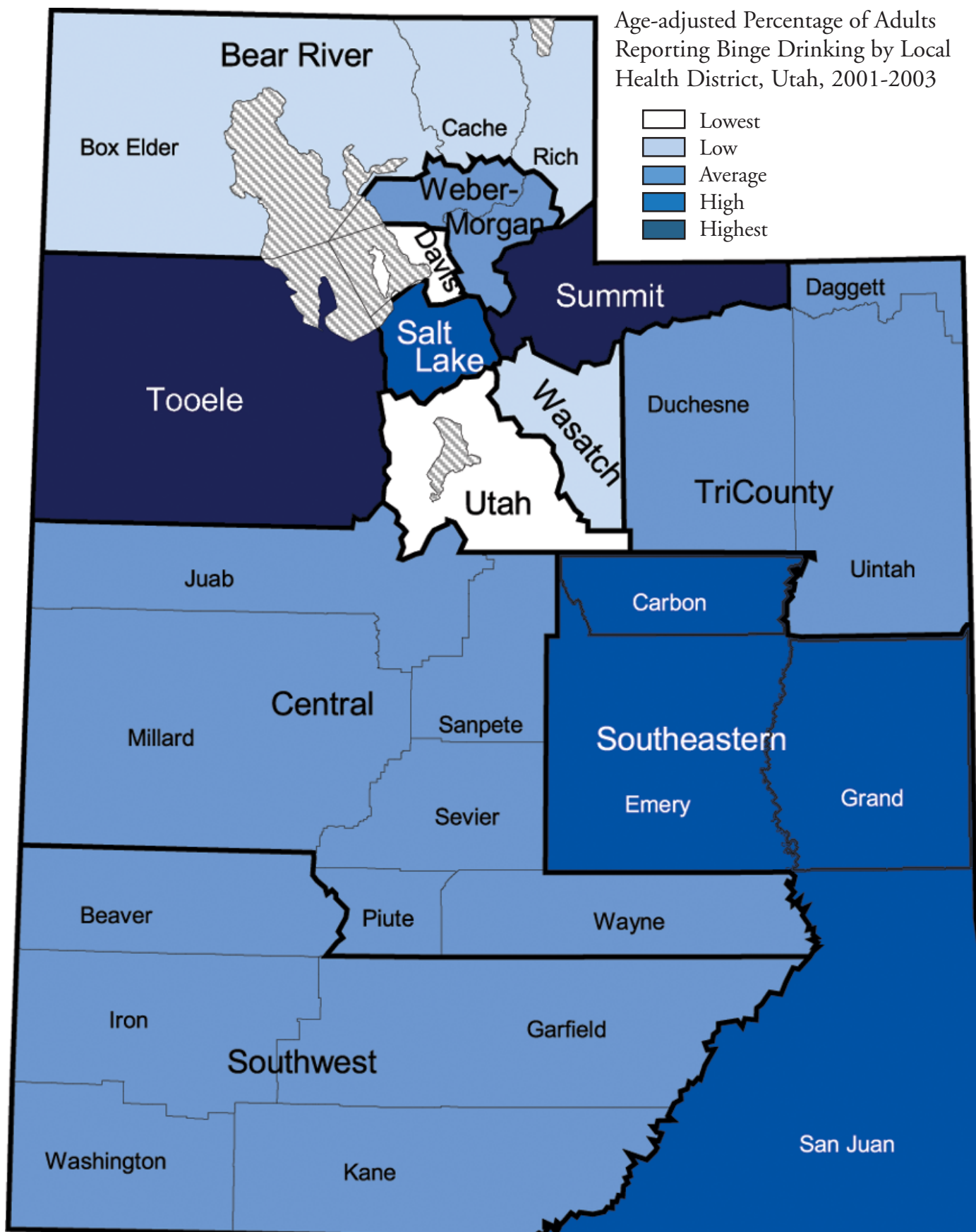
Percentage of Adults Who Reported Binge Drinking in the Past 30 Days, Utah and U.S., 1990-2003



Sources: Utah Data: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)

Note: Binge drinking is defined as consuming five or more drinks of alcohol on an occasion one or more times during the past 30 days. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. U.S. data are the average value for all states and the District of Columbia; they do not include U.S. territories. This question was asked in the years 1990-1993, 1995, 1997, 1999, 2001, and 2002.

Binge Drinking



Source: Behavioral Risk Factor Surveillance System

Binge Drinking by Local Health District Utah Adults Aged 18 and Over, 2001-2003

Rank	Area of Residence	Average Adult Population (Aged 18+)	Percentage of Adults Aged 18+ Who Reported Binge Drinking			
			Average Annual Number of Adults		Age Adjusted Rates*	
			Crude Rates		95% Confidence Interval	
					Lower	Upper
	State Total	1,588,190	158,354	10.0%	9.4%	(8.7% - 10.1%)
3	Bear River	95,435	7,026	7.4%	6.7%	(4.6% - 8.8%)
6	Central	45,566	4,151	9.1%	9.1%	(6.7% - 11.6%)
2	Davis	164,964	11,869	7.2%	6.5%	(4.6% - 8.5%)
9	Salt Lake	646,050	82,559	12.8%	11.9%	(10.6% - 13.2%)
9	Southeastern	36,642	4,291	11.7%	11.9%	(9.1% - 14.6%)
7	Southwest	104,390	10,107	9.7%	10.2%	(7.7% - 12.7%)
12	Summit	22,982	4,621	20.1%	18.3%	(14.6% - 22.0%)
11	Tooele	30,286	4,353	14.4%	13.6%	(10.5% - 16.8%)
8	TriCounty	27,944	3,141	11.2%	11.0%	(8.4% - 13.7%)
1	Utah	258,294	11,861	4.6%	4.6%	(3.2% - 6.1%)
4	Wasatch	11,201	1,014	9.1%	8.7%	(6.4% - 11.0%)
5	Weber-Morgan	144,437	13,531	9.4%	9.0%	(6.9% - 11.2%)

* Percentages have been age adjusted to the U.S. 2000 standard population.

Source: Utah Behavioral Risk Factor Surveillance System

Binge Drinking Among Adolescents

Definition: Percentage of high school students who reported binge drinking during the past 30 days. Binge drinking is defined as consuming five or more drinks of alcohol on an occasion one or more times during the past 30 days.

Similar to Healthy People 2010 Objective 26-11d: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages - Adolescents aged 12 to 17 years

Why Is It Important?

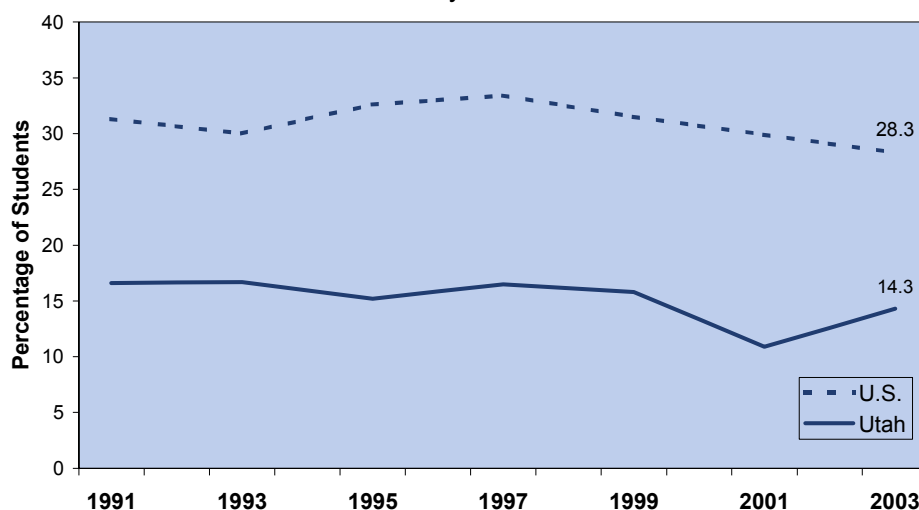
Binge drinking is a risk factor for driving under the influence of alcohol. According to the U.S. Public Health Service, "Health risk behaviors that contribute to the leading causes of illness, death, and social problems among youth and adults often are established during youth, extend into adulthood, and are interrelated."¹

Risk Factors for Binge Drinking Among Adolescents

There are large differences in the susceptibility to development of a substance abuse disorder, based on both genetic predisposition and social/environmental factors.⁷ Family factors include having a parent with alcoholism or drug abuse problems, parental attitudes approving of drug use, and inconsistent, excessively lax, OR excessively severe parental discipline. Children who are poor academic achievers or have a criminal history are at higher risk, as are those who rebel against adult authority, smoke cigarettes, or exhibit early aggressive or antisocial behavior. Youth whose friends use drugs are also at higher risk of using drugs, themselves. Good social skills, a

Binge Drinking Among Adolescents Ranking, 2001	Percent
Utah	10.9%
Hawaii	18.8%
North Carolina	20.7%
Mississippi	22.1%
South Carolina	24.7%
Florida	24.8%
Alabama	25.0%
Idaho	27.2%
Delaware	27.3%
Tennessee	27.3%
Kentucky	28.3%
Illinois	28.4%
Vermont	29.0%
Louisiana	29.3%
Michigan	29.3%
Indiana	29.5%
Arkansas	30.0%
Rhode Island	30.7%
Texas	31.3%
Maine	31.5%
New Hampshire	32.1%
Nevada	32.4%
New Jersey	32.6%
Massachusetts	32.7%
Missouri	34.1%
Wisconsin	34.2%
Colorado	34.3%
New York	34.7%
South Dakota	36.5%
Iowa	37.0%
Wyoming	38.1%
Nebraska	39.0%
Montana	41.4%
North Dakota	41.5%

Percentage of Students Who Had Five or More Drinks of Alcohol in a Row, That Is, Within a Couple of Hours, on One or More of the Past 30 Days, Utah and U.S., 1991-2003

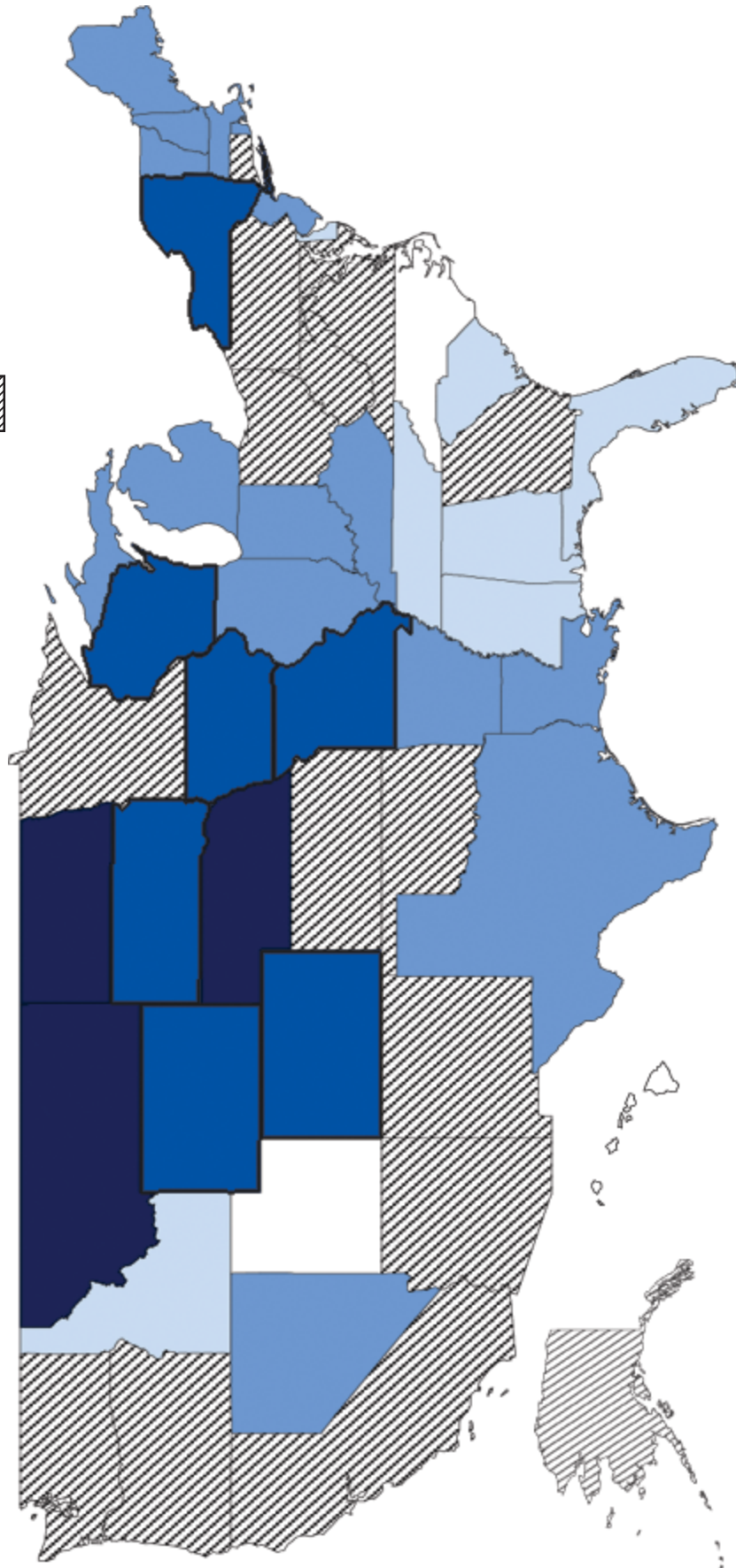
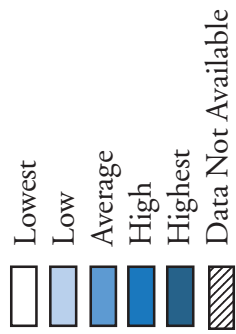


Sources: Utah Youth Risk Behavior Surveillance System, Utah State Office of Education; Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion
Note: High school students grades 9-12 only.

positive sense of self, parental trust and high expectations, and supportive school and community environments tend to be protective against drug use.⁸ The most effective prevention and intervention projects focus on risk and protective factors within five major life domains: individual, family, peer, school, and community.

Binge Drinking Among Adolescents

Percentage of Adolescents Reporting
Binge Drinking by State, Reporting
States, 2001



Source: Youth Risk Behavior Surveillance System

Binge Drinking Among Adolescents

Binge Drinking Among Adolescents by State Reporting States, Adolescents Grades 9-12, 2001

Rank	Area of Residence	Adolescent Population (Grades 9-12)	Percentage of High School Students (Grades 9-12) Who Reported Binge Drinking During the Past 30 Days		
			Number of Students	Crude Rates	
				95% Confidence Interval	
				Lower	Upper
	All Reporting States	15,893,079	4,752,031	29.9%	(27.9% - 31.9%)
7	Alabama	235,410	58,853	25.0%	(21.3% - 28.7%)
17	Arkansas	144,657	43,397	30.0%	(25.4% - 34.6%)
27	Colorado*	244,786	83,962	34.3%	(* - *)
9	Delaware	40,387	11,026	27.3%	(25.2% - 29.4%)
6	Florida	836,954	207,565	24.8%	(22.7% - 26.9%)
2	Hawaii*	66,928	12,582	18.8%	(* - *)
8	Idaho	83,927	22,828	27.2%	(22.5% - 31.9%)
12	Illinois*	673,372	191,238	28.4%	(* - *)
16	Indiana*	311,212	91,808	29.5%	(* - *)
30	Iowa*	167,819	62,093	37.0%	(* - *)
11	Kentucky*	217,539	61,564	28.3%	(* - *)
14	Louisiana*	272,257	79,771	29.3%	(* - *)
20	Maine	72,650	22,885	31.5%	(26.9% - 36.1%)
24	Massachusetts	318,777	104,240	32.7%	(30.6% - 34.8%)
14	Michigan	592,660	173,649	29.3%	(25.5% - 33.1%)
4	Mississippi	161,641	35,723	22.1%	(19.2% - 25.0%)
25	Missouri	308,586	105,228	34.1%	(29.3% - 38.9%)
33	Montana	55,400	22,936	41.4%	(38.6% - 44.2%)
32	Nebraska*	104,607	40,797	39.0%	(* - *)
22	Nevada	114,577	37,123	32.4%	(28.7% - 36.1%)
21	New Hampshire*	72,935	23,412	32.1%	(* - *)
23	New Jersey	425,880	138,837	32.6%	(27.7% - 37.5%)
28	New York*	1,038,933	360,510	34.7%	(* - *)
3	North Carolina	426,334	88,251	20.7%	(18.0% - 23.4%)
34	North Dakota	38,148	15,831	41.5%	(37.9% - 45.1%)
18	Rhode Island	54,262	16,658	30.7%	(27.8% - 33.6%)
5	South Carolina*	226,384	55,917	24.7%	(* - *)
29	South Dakota	44,250	16,151	36.5%	(32.0% - 41.0%)
9	Tennessee*	295,076	80,556	27.3%	(* - *)
19	Texas	1,268,840	397,147	31.3%	(28.8% - 33.8%)
1	Utah	154,821	16,875	10.9%	(7.4% - 14.4%)
13	Vermont	35,854	10,398	29.0%	(25.7% - 32.3%)
26	Wisconsin	319,210	109,170	34.2%	(30.8% - 37.6%)
31	Wyoming	33,204	12,651	38.1%	(35.4% - 40.8%)

* Note: unweighted data, response rate too low to project to general population.

Source: Youth Risk Behavior Surveillance System